

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 6/29/05 2 Serial/Patent # 10/521040

| 3 Please refund the following fee(s): | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
|--|----------------|--------------|-----------|
| <input checked="" type="checkbox"/> Filing | | | \$ 100.00 |
| <input type="checkbox"/> Amendment | | | \$ |
| <input type="checkbox"/> Extension of Time | | | \$ |
| <input type="checkbox"/> Notice of Appeal/Appeal | | | \$ |
| <input type="checkbox"/> Petition | | | \$ |
| <input type="checkbox"/> Issue | | | \$ |
| <input type="checkbox"/> Cert of Correction/Terminal Disc. | | | \$ |
| <input type="checkbox"/> Maintenance | | | \$ |
| <input type="checkbox"/> Assignment | | | \$ |
| <input type="checkbox"/> Other | | | \$ |

7 TOTAL AMOUNT OF REFUND \$ 100.00

8 TO BE REFUNDED BY:

| | |
|---|----------------------------|
| 10 REASON: | Treasury Check |
| <input checked="" type="checkbox"/> Overpayment | Credit Deposit A/C #: |
| <input type="checkbox"/> Duplicate Payment | 9 <u>23</u> -- <u>0450</u> |

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Darrell Coffman

TITLE: Paralegal

SIGNATURE: Darrell Coffman

PHONE: 707-308-9140 X203

OFFICE:

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____ DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B